use of electrocautery in close proximity to PVC endotracheal tubes, as suggested by Simpson and Wolf, we feel the use of N_2O and O_2 during anesthesia for intraoral, pharyngeal, or laryngotracheal procedures should be avoided completely in favor of air or air-oxygen mixtures.

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In Reply:—We agree with Shapiro and El-Baz that "the use of N_2O and O_2 during anesthesia for intraoral, pharyngeal, or laryngotracheal procedures should be avoided completely in favor of air or air-oxygen mixtures" only with the proviso that electrocautery and/or laser is required for surgery. Certainly, the combination of a fuel (endotracheal tube), an oxidant (oxygen and/or nitrous oxide), and an ignition source (electrocautery or laser) has the potential for fire. When any one of the triad is missing, however, fire is unlikely.

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Malignant Hyperthermia: Are We Really Prepared?

To the Editor:—Malignant Hyperthermia remains a formidable challenge to anesthesiologists. As with so many other nightmarish situations in medicine, being prepared is the key to successful management. Dantrolene, the drug of choice, when used appropriately,[1] has contributed to the reduction in mortality from 90% to about 10%. Since dantrolene is an emergency drug, experts agree that it should be immediately available at all anesthetizing locations. That means, in most cases, in the operating room.[2–5]

Recently, we conducted an informal telephone survey of all hospitals and surgical centers in Dallas, Texas, as listed in the Parkland Memorial Hospital telephone directory. Twenty-three institutions at which surgical procedures under general anesthesia are performed were polled. All major hospitals had dantrolene available within the operating room.

However, four of 23 surgical locations had no dantrolene available in the hospital. One further institution stored dantrolene in the pharmacy, but not in the operating room.

We are of the opinion that, in the management of a malignant hyperthermia crisis, every minute counts. Storing dantrolene in the operating room should be as mandatory as storing, for example, epinephrine and other resuscitation drugs and devices.

Anesthesiologists should not rest until mortality from malignant hyperthermia is completely erased. To reach that goal, we need to be prepared, wherever we practice.

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